



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E416120**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00970
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 14 - 2015	1223	31		0664
N S E W IN OF				

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

99TH AVE SE	BLOCK NO. <input checked="" type="checkbox"/>	800
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	9TH ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	POLLARD	FIRST NAME	RUSTY	MIDDLE INITIAL	T
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STREET NEW ADDRESS	5303 85TH PL SW
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CITY	MUKILTEO	ST	WA	ZIP	982753144
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	POLLART150NN	STATE	WA	SEX	M	D.O.B.	08 - 15 - 1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C49749A	STATE	WA	VIN#	4TAPM62N4YZ582542
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	TOYT	MODEL	TACOM	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **RUSTY POLLARD 5303 85TH PL SW MUKILTEO WA 98275**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4385-28-29-77
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	HILL	FIRST NAME	EMILY	MIDDLE INITIAL	F
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STREET NEW ADDRESS	2517 HELENA LN
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CITY	EVERETT	ST	WA	ZIP	982083428
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HILL*EF075KF	STATE	WA	SEX	F	D.O.B.	05 - 06 - 1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AQY2841	STATE	WA	VIN#	1FA8P0HD6E5395668
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	FORD	MODEL	FUSION	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **RANDY HILL 2517 HELENA LN EVERETT WA 98208**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERIPRISE AX00180089
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E416120**

CASE # **15-00970**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 04/14/2015 at about 1225 hours (all times approximate) I was dispatched by police radio to a two vehicle non-injury/non-blocking collision in the 800 block of 99th Ave SE in the city of Lake Stevens. Arriving on scene I spoke with both driver's involved. Based on statements and evidence at the scene it is found that U2 was stopped in the northbound lane of 99th Ave in the 800 block waiting to turn left westbound) into a private driveway. U1 was traveling northbound in the 800 block of 99th Ave SE (behind U2) and failed to observe U2 stopped in the roadway ahead of U1 in time. The driver of U1 stated he had cement board (unsecured) in the bed of his truck that had slid forward as he applied emergency braking (leaving tire skid marks on the roadway) in an attempt to avoid a collision with U2. U1 collided into the back of U2. I took digital images of the scene and damaged vehicles. The images were later printed and saved to a CD-RW.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-14-15 01:24 PM

DATED

PLACE SIGNED

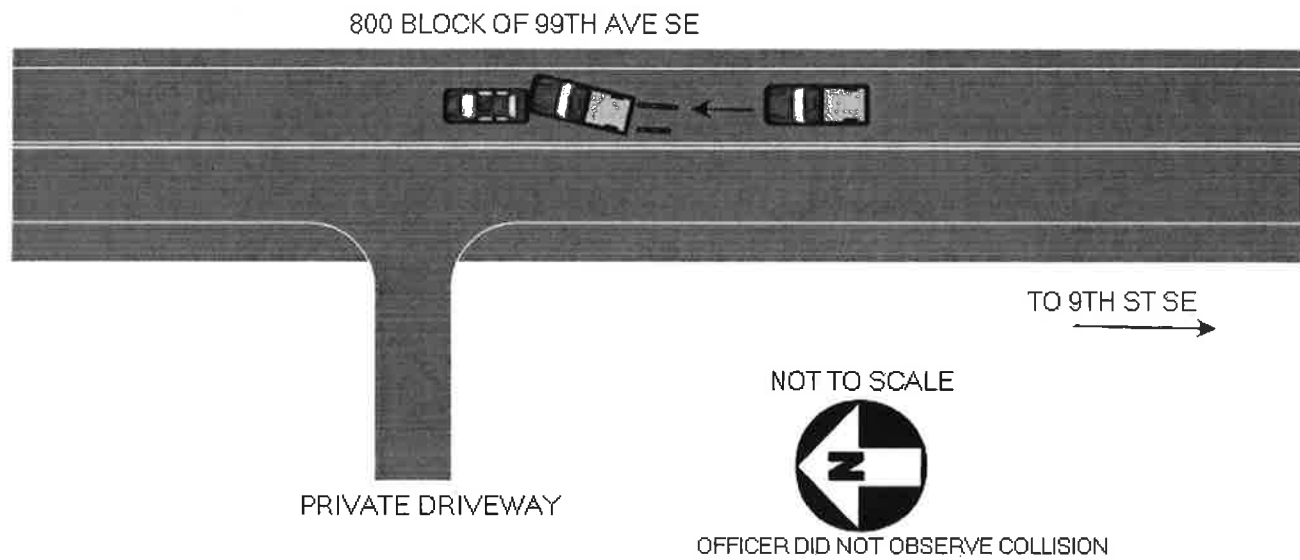
APPROVED BY

RON BROOKS 013

DATE

4/14/2015 5:12:19 PM

BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	12:25 PM	TIME POLICE ARRIVED	12:26 PM
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LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>AURIGIAN #72</i>			Case Number <i>15-00970</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>4-14-15 / 1300</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # <i>1</i>	Item <i>CD-124</i>		Brand Name <i>COMPRESSOR</i>		Storage Location		Disposition	
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found <i>800 99 Ave SE LK</i>	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	
Owner Signature/Other remarks /additional information/ special instructions <i>PLS</i>								Barcode goes here
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15007114

Case Numbers: \$SS15000970

Received 04/14/15 12:23:34 BY SPCT08 SP0298

Entered 04/14/15 12:24:48 BY SPCT08 SP0298

Dispatched 04/14/15 12:25:05 BY SPDP17 SP0112

Enroute 04/14/15 12:25:05

Onscene 04/14/15 12:26:51

Closed 04/14/15 12:40:26

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397F-2 Group: SS1 Beat: SOUT

Src: 9

Loc: 802 99 AV SE ,LKS btwn 6 PL SE & 11 PL SE (V)

Latitude: (+) 47.988904 Longitude: (-) 122.098274

Loc Info:

Name: HILL, EMILY

Addr:

Phone: 4252317453

/1224 (SP0298) ENTRY ,CC, SIL FORD FUSION VS BLU TOYT TACOMA, NON INJ
, NON BLKG

/1225 (SP0112) DISPER 19D2 #SS72 AUKERMAN, OFFICER (WAYNE)

/1225 ASSTER 19D1 [802 99 AV SE ,LKS]

#SS112 WARBIS, OFFICER (STEVE)

/1226 ONSCNE 19D2

/1229 ASNCAS 19D2 \$SS15000970

/1229 CLEAR 19D1

/1233 (SS72) REMINQ 19D2 MDTVEH, AQY2641,,WA,,,,,,,,,

/1233 REMINQ 19D2 MDTWANT, HILL, EMILY, F, 050693,,WA,,,,,,,,,

/1234 REMINQ 19D2 MDTVEH, C49749A,,WA,,,,,,,,,

/1234 REMINQ 19D2 MDTWANT, POLLARD, RUSTY, T, 081585,,WA,,,,,,,,,

/1240 *CLEAR 19D2 D/H

/1240 CLOSE 19D2

LSPD
ORIGINAL